

500 5/25/04

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: <u>4/7/05</u>		2 Serial/Patent #: <u>10/524500</u>							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED						
<input checked="" type="checkbox"/>	Filing Fee Change		\$ 100.00						
<input type="checkbox"/>	Amendment		\$						
<input type="checkbox"/>	Extension of Time		\$						
<input type="checkbox"/>	Notice of Appeal/Appeal		\$						
<input type="checkbox"/>	Petition		\$						
<input type="checkbox"/>	Issue		\$						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$						
<input type="checkbox"/>	Maintenance		\$						
<input type="checkbox"/>	Assignment		\$						
<input type="checkbox"/>	Other		\$						
		7 TOTAL AMOUNT OF REFUND	\$ 100.00						
		8 TO BE REFUNDED BY: <u>(CC)</u>							
10 REASON:		Treasury Check							
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:							
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"> <tr> <td></td><td></td><td>--</td><td></td><td></td><td></td> </tr> </table>				--			
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<input type="checkbox"/> No Fee Due (Explanation):									
11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: <u>Rita White</u>		TITLE: <u>Legal Assistant</u>							
SIGNATURE: <u>Rita White</u>		PHONE: <u>7308-9140 ext. 231</u>							
OFFICE: <u>DDLEO</u>									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****									
APPROVED: _____		DATE: _____							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B